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CONFIRMATION NO. 5864

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/539,827 | 10/24/2005 | 514 | 1646 | BB-149 | | |
| APPLICANTS Thomas Schwarz, Munster, GERMANY; Agatha Schwarz, Munster, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/14633 12/19/2003 ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 020290169 12/27/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2006 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /BRUCE D HISSONG/ Acknowledged Examiner's signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY GERMANY | SHEETS DRAWINGS 5 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 1 |
| ADDRESS SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO Box 142950 GAINESVILLE, FL 32614 UNITED STATES | | | | | | |
| TITLE Methods of treating skin disorders associated with UV radiation with interleukin-18 | | | | | | |
| FILING FEE RECEIVED 965 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |